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B22A (Official Form 22A) (Chapter 7) (12/10)

In re	Harry Joseph Ranft Jill Ann Ranft	According to the information required to be entered on this statement
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case Number: (If known)		☐ The presumption arises.
		■ The presumption does not arise.
		\square The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS					
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).					
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.					
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.					
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard					
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;					
	OR					
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 					

		Part II. CALCULATION OF M	10N	NTHLY INC	CON	ME FOR § 707(b)	(7) I	EXCLUSION		
		tal/filing status. Check the box that applies		-		-	emei	nt as directed.		
	a. 🗆	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.								
		l Married, not filing jointly, with declaration								
2		My spouse and I are legally separated under								
2		ourpose of evading the requirements of § 70° For Lines 3-11.	/(b)(.	2)(A) of the Ba	nkru	ptcy Code." Complete	oniy	column A ("De	οιοι	's income")
		Married, not filing jointly, without the dec	arati	on of separate l	ous	eholds set out in Line 2	.b ab	ove. Complete h	oth	Column A
		"Debtor's Income") and Column B ("Spo						•		
	d.	Married, filing jointly. Complete both Col	umn	A ("Debtor's	Inco	me") and Column B ('Spo	ouse's Income")	for	Lines 3-11.
		gures must reflect average monthly income i						Column A		Column B
		dar months prior to filing the bankruptcy cas ling. If the amount of monthly income varie						Debtor's		Spouse's
		onth total by six, and enter the result on the			iuis,	you must divide the		Income		Income
3		s wages, salary, tips, bonuses, overtime, co					\$	0.00	\$	701.00
		ne from the operation of a business, profes			ract	Line b from Line a and	<u> </u>			
		the difference in the appropriate column(s)								
		ess, profession or farm, enter aggregate num								
4		nter a number less than zero. Do not include b as a deduction in Part V.	any	part of the bu	sine	ss expenses entered or	1			
4	Line	b as a deduction in I art v.		Debtor	Ī	Spouse	1			
	a.	Gross receipts	\$.00	\$ 0.00	1			
	b.	Ordinary and necessary business expenses	\$.00	· ·				
	c.	Business income		btract Line b fr			\$	0.00	\$	0.00
	Rents and other real property income. Subtract Line b from Line a and enter the difference in									
	the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.									
5	Debtor Spouse					1				
	a.	Gross receipts	\$	C	.00					
	b.	Ordinary and necessary operating expense			.00	· · · · · · · · · · · · · · · · · · ·	∐ _	2.22		2.22
	c.	Rent and other real property income	Su	btract Line b fr	om I	Line a	\$	0.00	\$	0.00
6		est, dividends, and royalties.					\$	0.00		0.00
7	Pensi	on and retirement income.					\$	0.00	\$	0.00
		amounts paid by another person or entity,								
8	expenses of the debtor or the debtor's dependents, including child support paid for that									
	purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column;									
		ayment is listed in Column A, do not report					\$	0.00	\$	0.00
	Unen	ployment compensation. Enter the amount	in th	e appropriate c	olun	nn(s) of Line 9.				
		ever, if you contend that unemployment com								
9	benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:									
	Uner	mployment compensation claimed to					1			
		benefit under the Social Security Act Debt	or\$	0.00	Spo	ouse \$ 0.00	\$	0.00	\$	0.00
		ne from all other sources. Specify source a								
		separate page. Do not include alimony or se								
		se if Column B is completed, but include a tenance. Do not include any benefits received								
		yed as a victim of a war crime, crime against								
10	dome	stic terrorism.	_				-			
			Φ.	Debtor		Spouse	4			
	a. b.		\$			\$ \$	1			
		and enter on Line 10	Ψ	l		ΙΨ	م ا	0.00	¢	0.00
			L)	A A A A T ! 2 :	+b	10 in Column A 1 :	\$	0.00	Ф	0.00
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).			\$	0.00	\$	701.00			

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter		701.00			
	the amount from Line 11, Column A. Powt III. A DDI ICA TION OF \$ 707(b)(7) EVCLUSION.		701.00			
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION					
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	8,412.00			
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	a. Enter debtor's state of residence: IN b. Enter debtor's household size: 2	\$	51,551.00			
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.					
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.					
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.					

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Complete 1 ai t	siv, v, vi, and vii	or this	statement only if required	. (See Line 13.)	
	Part IV. CALCULA	ATION OF CUE	RREN	T MONTHLY INCO	ME FOR § 707(b)(2)
16	Enter the amount from Line 12.					\$
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.					
	a. b. c. d. Total and enter on Line 17			\$ \$ \$ \$		\$
18	Current monthly income for § 707	7(b)(2). Subtract Lir	ne 17 fro	om Line 16 and enter the res	ult.	\$
				EDUCTIONS FROM s of the Internal Reven		
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom					
	Persons under 65 year	rs of age		Persons 65 years of age	or older	
	a1. Allowance per person b1. Number of persons c1. Subtotal		a2. b2. c2.	Allowance per person Number of persons Subtotal		\$
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is					\$

20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.					
	 a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 	\$				
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$			
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	\$				
	Local Standards: transportation; vehicle operation/public transportation are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation.		<u> </u>			
22A	Check the number of vehicles for which you pay the operating expense included as a contribution to your household expenses in Line 8.	es or for which the operating expenses are				
	□ 0 □ 1 □ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amou Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ or	\$				
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average					
	Monthly Payments for any debts secured by Vehicle 1, as stated in Lin the result in Line 23. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$				
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$			
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42	\$				
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$			
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.					

26	Other Necessary Expenses: involuntary deductions for empl deductions that are required for your employment, such as retire Do not include discretionary amounts, such as voluntary 401	ement contributions, union dues, and uniform costs.	\$	
27	Other Necessary Expenses: life insurance. Enter total averag life insurance for yourself. Do not include premiums for insurany other form of insurance.		\$	
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.			
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.			
30	Other Necessary Expenses: childcare. Enter the total average childcare - such as baby-sitting, day care, nursery and preschoo		\$	
31	Other Necessary Expenses: health care. Enter the total avera health care that is required for the health and welfare of yoursel insurance or paid by a health savings account, and that is in excinclude payments for health insurance or health savings account.	f or your dependents, that is not reimbursed by tess of the amount entered in Line 19B. Do not	\$	
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.			
33	Total Expenses Allowed under IRS Standards. Enter the total	al of Lines 19 through 32.	\$	
24	Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.			
34	a. Health Insurance \$			
	b. Disability Insurance \$			
	c. Health Savings Account \$		\$	
	Total and enter on Line 34. If you do not actually expend this total amount, state your ac below: \$			
35	Continued contributions to the care of household or family respenses that you will continue to pay for the reasonable and resill, or disabled member of your household or member of your respenses.	ecessary care and support of an elderly, chronically	\$	
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.			
37	Home energy costs. Enter the total average monthly amount, is Standards for Housing and Utilities, that you actually expend for trustee with documentation of your actual expenses, and you claimed is reasonable and necessary.	\$		
38	Education expenses for dependent children less than 18. Entactually incur, not to exceed \$147.92* per child, for attendance school by your dependent children less than 18 years of age. You documentation of your actual expenses, and you must explain necessary and not already accounted for in the IRS Standard	at a private or public elementary or secondary ou must provide your case trustee with n why the amount claimed is reasonable and	\$	

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	expe Stand or fro	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					
40			Enter the amount that you will continue and Enter the amount that you will continue and Enter the Enter that you will continue and Enter the Enter that you will continue and Enter the Enter that you will continue and En		e form of cash or	\$	
41	Tota	l Additional Expense Deduction	ns under § 707(b). Enter the total of I	Lines 34 through 40		\$	
		9	Subpart C: Deductions for De	bt Payment			
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
	a.	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance? □yes □no		
				Total: Add Lines		\$	
43	moto your paym sums	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor					
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.						
45	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense. a. Projected average monthly Chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	c.	<u> </u>	ive expense of Chapter 13 case	Total: Multiply Lin	es a and b	\$	
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.					\$	
		S	Subpart D: Total Deductions f	rom Income			
47	Tota	l of all deductions allowed und	er § 707(b)(2). Enter the total of Lines	33, 41, and 46.		\$	
		Part VI. Di	ETERMINATION OF § 707(1	o)(2) PRESUMP	TION		
48	Ente	er the amount from Line 18 (Cu	rrent monthly income for § 707(b)(2))		\$	
49	Ente	er the amount from Line 47 (To	tal of all deductions allowed under §	707(b)(2))		\$	
50	Mon	thly disposable income under §	707(b)(2). Subtract Line 49 from Line	e 48 and enter the res	ult.	\$	
51	60-m	_	§ 707(b)(2). Multiply the amount in Li	ine 50 by the number	60 and enter the	\$	

	Initial presumption determination. Check the applicable box and proceed as directed.						
	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this						
52	statement, and complete the verification in Part VIII. Do not o						
	☐ The amount set forth on Line 51 is more than \$11,725* statement, and complete the verification in Part VIII. You may						
	\Box The amount on Line 51 is at least \$7,025*, but not more	than \$11,725*. Complete	the remainder of Part VI (Li	ines 53 through 55).			
53	Enter the amount of your total non-priority unsecured deb	t		\$			
54	Threshold debt payment amount. Multiply the amount in Li	ne 53 by the number 0.25 a	and enter the result.	\$			
	Secondary presumption determination. Check the applicable	e box and proceed as direct	ted.				
	☐ The amount on Line 51 is less than the amount on Line	54. Check the box for "The	e presumption does not arise	e" at the top of page 1			
55	of this statement, and complete the verification in Part VIII.			1 1 0			
	☐ The amount on Line 51 is equal to or greater than the a	mount on Line 54. Check	the box for "The presumption	on arises" at the top			
	of page 1 of this statement, and complete the verification in Page 1.			-			
	Part VII. ADDITION	IAL EXPENSE CLA	IMS				
56	Other Expenses. List and describe any monthly expenses, no	t otherwise stated in this for	rm, that are required for the	health and welfare of			
	you and your family and that you contend should be an additi-						
	707(b)(2)(A)(ii)(I). If necessary, list additional sources on a s	separate page. All figures s	hould reflect your average n	nonthly expense for			
	each item. Total the expenses.						
	Expense Description		Monthly Amoun	nt			
	a.	\$	•				
	b.	\$					
	c.	\$					
	d.	\$					
	Total: Add Line	es a, b, c, and d \$					
	Part VIII. V	ERIFICATION					
	I declare under penalty of perjury that the information provide	ed in this statement is true a	and correct. (If this is a joint	t case, both debtors			
	must sign.)						
	Date: December 7, 2012		Harry Joseph Ranft				
		Ha	arry Joseph Ranft				
57			(Debtor)				
	Date: December 7, 2012	Signature /s/	Jill Ann Ranft				
	· · · · · · · · · · · · · · · · · · ·		Ann Ranft	_			
			(Joint Debtor, if an	y)			

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.